

Ordering Physician:
Neurological Research Institute
Amy Yasko, ND

279 Walkers Mills Rd
Bethel, ME 04217

Accession #: A1308140286
Order #: G4141101
Reference #: CMG-37035
Patient: Jan Chandler
Date of Birth: 05/06/1964
Age: 49
Sex: Female
Reprinted:
Comment:

Date Collected: 08/11/2013
Date Received: 08/14/2013
Date of Report: 08/29/2013
Telephone: 2078248501
Fax: 2078240975



2100 Gastrointestinal Function Profile - Stool

Suggestions for your consideration.
As always, work with your Doctor.
With love & hope, Dr. Amy

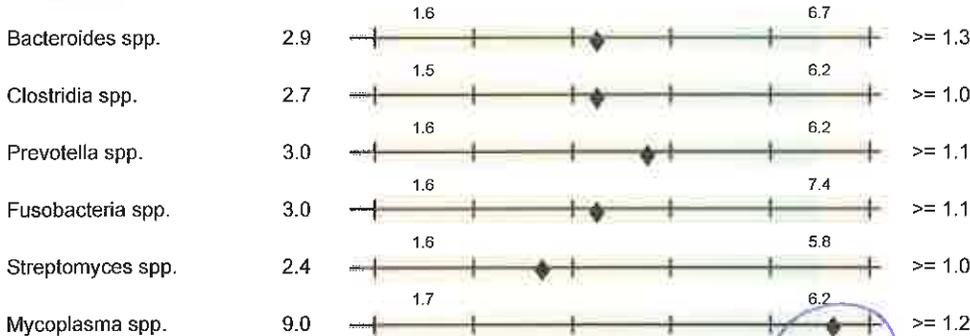
Methodology: DNA Analysis, GC/MS, Microscopic, Colorimetric, Automated Chemistry, ELISA

Results | Quintile Ranking (1st, 2nd, 3rd, 4th, 5th) | 95% Reference Range | Consistency = Formed/Normal

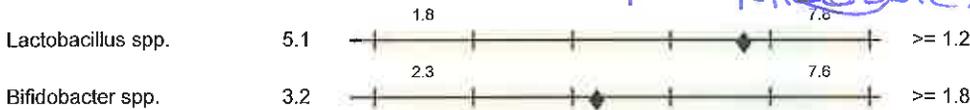
Predominant Bacteria

E+007

Obligate Anaerobes



Facultative Anaerobes



Obligate Aerobes



IMF 9 + Anaerobic X

Predominant Bacteria play major roles in health. They provide colonization resistance against potentially pathogenic organisms, aid in digestion and absorption, produce vitamins and SCFA's, and stimulate the GI immune system. DNA probes allow detection of multiple species (spp.) within a genus, so the genera that are reported cover many species.

Organisms are detected by DNA analysis. One colony forming unit (CFU) is equivalent to one bacterium. Each genome detected represents one cell, or one CFU. Results are expressed in scientific notation, so an organism reported as 2.5 E+007 CFU/gram is read as 25 million colony forming units per gram of feces.

Opportunistic Bacteria

Expected Value

No clinically significant amounts.

Rotate probiotics especially since I'm suggesting augmentin on CSA

Opportunistic Bacteria may cause symptoms and be associated with disease. They can affect digestion and absorption, nutrient production, pH and immune state. Antibiotic sensitivity tests will be performed on all opportunistic bacteria found, although clinical history is usually considered to determine treatment since the organisms are not generally considered to be pathogens.

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Pathogenic Bacteria

Expected Value

Helicobacter pylori - Molecular Probe	Negative	Negative
Campylobacter spp. - Molecular Probe	Negative	Negative
Shiga toxin E. coli*	Negative	Negative
Clostridium difficile*	Negative	Negative

*Positive results are confirmed by EIA

Yeast/Fungi

Expected Value

Yeast/Fungi; taxonomy unavailable	+2 => 1000 pg DNA/g specimen	Negative
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Handwritten: +2 => 1000 pg DNA/g specimen

Handwritten: Ondisol + Florastor

Yeast/Fungi

Yeast overgrowth has been linked to many chronic conditions, in part because of antigenic responses in some patients to even low rates of yeast growth. Potential symptoms include diarrhea, headache, bloating, atopic dermatitis and fatigue. Positives are reported as +1, +2, +3 or +4 indicating >100, >1000, >10000 or >100000 pg DNA/g.

Parasites

Expected Value

No Ova and Parasites		
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Parasites

Parasite infections are a major cause of non-viral diarrhea. Symptoms may include constipation, gas, bloating, increased allergy response, colitis, nausea and distention.

Adiposity Index

Expected Value

Firmicutes %	74		<= 80 %
Bacteroidetes %	26		>= 20 %

The **Adiposity Index** is derived by using DNA probes that detect multiple genera of the phyla Firmicutes and Bacteroidetes. Abnormalities of these phyla may be associated with increased caloric extraction from food.

Drug Resistance Genes

aacA, aphD	Neg
mecA	Neg
vanA, B, and C	Neg
gyrB, ParE	Neg
PBP1a, 2B	Neg

Drug Resistance Genes

aacA, aphD - Gentamycin, Kanamycin, and Tobramycin
mecA - Methicillin
VanA, vanB, vanC - Vancomycin and Teicoplanin
GyrB, ParE - Ciprofloxacin and later quinolones
PBP1a, PBP2B - Penicillin

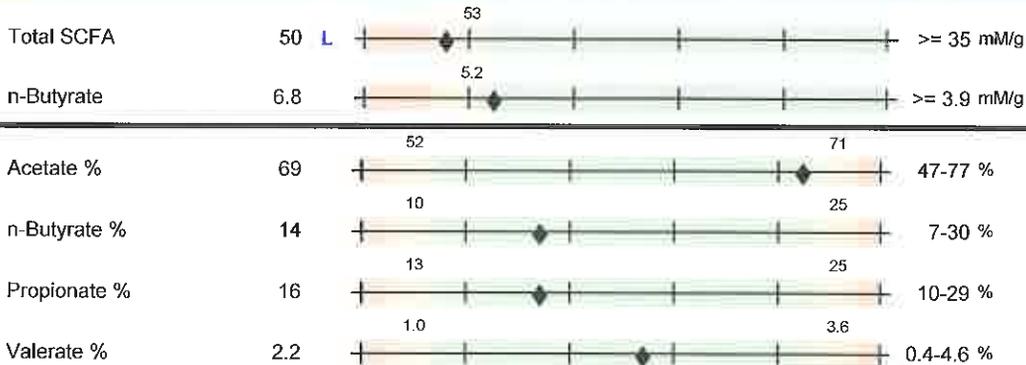
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Beneficial SCFA



Beneficial SCFA
Short chain fatty acids (SCFA) are produced by bacterial fermentation of dietary polysaccharides and fiber. The product, N-butyrate, is taken up and used to sustain the normal activity of colonic epithelial cells. Butyrate has been shown to lower the risk of colitis and colorectal cancer. A healthy balance of GI microbes depends on production of SCFA by one specie to allow the normal growth of another one in a complex cross-feeding network.

Inflammation



Inflammation
Lactoferrin, an iron-binding glycoprotein, is released in IBD but not in non-inflammatory IBS. High levels are found in Crohn's, UC or infection. WBC's are elevated in general inflammation/infection. Mucus is often visualized in acute GI inflammation.

Immunology



Immunology
High fecal sIgA indicates immune system reactions to the presence of antigens from bacteria, yeast or other microbes. Low sIgA can result from stress or malnutrition.

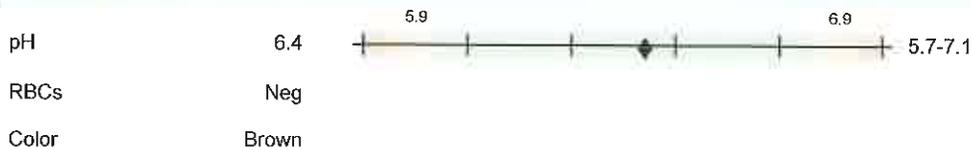
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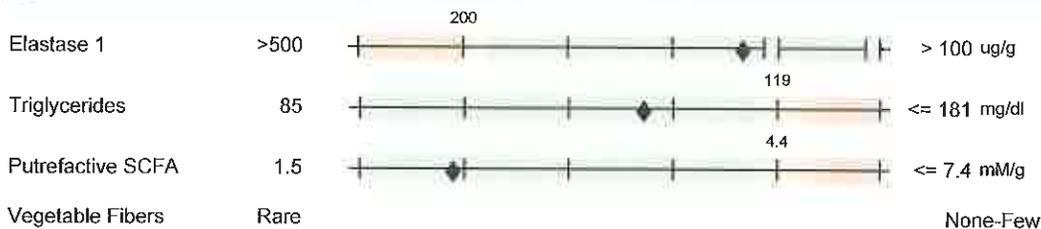
Additional Tests



Additional Tests

pH is influenced by numerous factors, but it is strongly related to the bacterial release of pH-lowering organic acids and pH-raising ammonia. Positive RBCs can signify GI tract bleeding. Color (other than brown) abnormalities can be due to upper GI bleeding, or bile duct blockage, steatorrhea or antibiotic use.

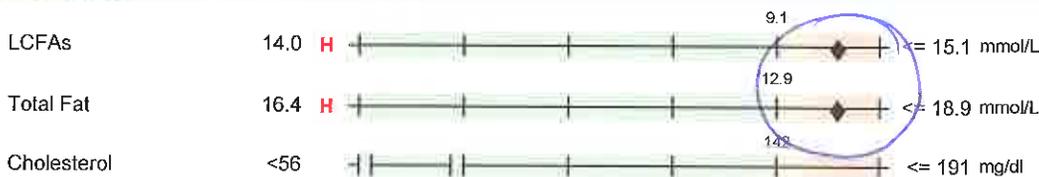
Digestion



Digestion

Pancreatic elastase 1 levels below 100 are strongly correlated with severe pancreatic insufficiency; levels of 100-200 identify moderate pancreatic insufficiency. High triglycerides signify fat maldigestion. Putrefactive SCFA are a result of bacterial fermentation of undigested protein. High numbers of vegetable fibers indicate maldigestion.

Absorption



Absorption

High LCFA indicates fat malabsorption due to pancreatic or biliary insufficiency, or acute bacterial infection that produces intestinal cell destruction. High total fat usually signals malabsorption, as does elevated fecal cholesterol.

*UC = Unable to Calculate

Decisions involving diagnosis and treatment are the responsibility of the clinician.



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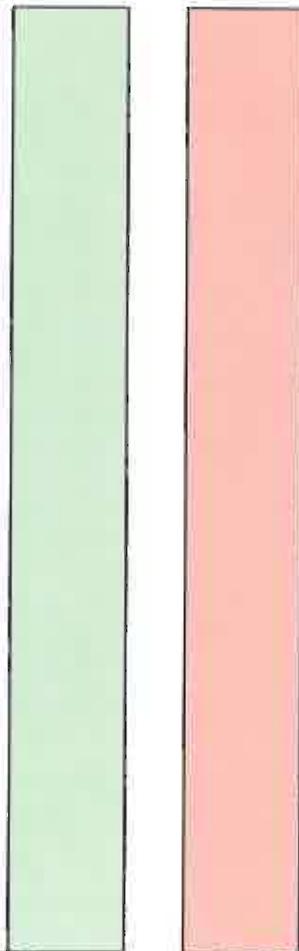


2155 GI Effects® Sensitivity Fungi Profile - Stool

Methodology: DNA Analysis, ELISA

Unable to determine sensitivity to pharmaceuticals and botanicals due to the lack of growth of fungi in vitro.

Fungal growth suppression is measured in a liquid growth medium where bacterial growth is suppressed and specific antifungal agents are introduced before incubation.



Agents marked as "Sensitive" cause effective fungal growth suppression. Those antifungal agents are candidates for suppressing the growth of fungi and yeasts in the patient's colon.

Agents indicated as "Resistant" have low effectiveness and can increase the risk of inducing drug resistant organisms. If all tested agents are "Resistant," synergistic mixtures of antifungal agents may be effective.

For Botanical sensitivity testing the active ingredients are tested and an example of the available source is shown.

Sensitivities are not performed on "Pathogens" or "Parasites" because they do not grow in culture under normal laboratory conditions.

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